Primary Health Services Branch
Saskatchewan Health
3475 Albert Street
Regina SK S4S 6X6

The Saskatchewan Action Plan

For

Primary Health Care

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PRIMARY HEALTH CARE

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INTRODUCTION

The principal goal of the health system is to maintain and improve the health of the people it serves. In Saskatchewan we have been striving for a system that is effective, responsive and sustainable in the longer term. In order to achieve these broad goals we must change how we think about primary health care services, how those services are provided and by whom, and how they relate to the more specialized acute care system.

A system of primary health care should provide more than an entryway for the sick and injured into the health system – it should play a substantial role in prevention of illness and injury. In this respect, the primary health care system in Saskatchewan needs to be strengthened and improved to provide better, more efficient and timely primary health care to the people of Saskatchewan.

Primary health care is not new. Primary health care services exist presently throughout the Province. They exist in 21 primary health care sites, 75 health centres, in district-run programs and professional fee-for-service practice. What is needed is to better co-ordinate and integrate services to improve the quality and accessibility for the people of the Province.

This document describes the Saskatchewan Action Plan for Primary Health Care for a reorganized primary health care system. It outlines the core primary health care services that Saskatchewan residents can expect to receive and the role of Regional Health Authorities and the Government. The plan builds on Saskatchewan Health's Primary Health Services' Initiative, which was initiated in 1997, and the progressive work of many of the previous health districts.

WHAT IS PRIMARY HEALTH CARE?

The Advisory Committee on Health Services (1996) Federal/Provincial/Territorial Ministers defined primary health care as: "The foundation of our health system".

Primary care refers to a focus on care provided to individuals to address a particular problem or basic everyday day health need. It is the care provided at the first level of contact with the health system – where people first enter the health system and where all health services are mobilized and co-ordinated. It includes education and activities to maintain health, as well as care for common illness, minor injury, and management of ongoing problems.

The Saskatchewan Action Plan for Primary Health Care is about a primary health care system that expands on primary care by focusing the delivery of services to include a holistic approach, a continuum of services, inclusion of a range of health providers, involvement of the public, and a recognition that health is influenced by many factors.

Primary health care:

- encompass preventive, promotive, curative, supportive and rehabilitative services;
- are provided by a range of professionals;
- serve to enhance people's physical, mental, emotional and spiritual well-being;
- work to address the factors which influence health (determinants of health); and
- is designed and delivered in conjunction with the public and community service providers.

Many programs and services are part of primary health care as it is the umbrella for all basic frontline health services. Programs include home care, public health, mental health, addictions and substance abuse, primary medical care, long term care, emergency services, end of life care, laboratory and x-ray services and therapy services.

Many health care professionals provide basic services such as the public health nurse who visits schools and new moms, the family doctor who sees patients in his or her office, the nutritionist who provides education on diets for people with diabetes, the home care worker who provides personal care, such as bathing, in peoples homes. All of these professionals work very hard to meet people's basic health needs.

Primary health care involves providing services to individuals, families, communities and populations and involves a proactive approach to preventing health problems before they occur and ensuring better management and follow-up once a health problem has occurred. Since many of the factors that effect health occur outside of the health system, a system of primary health care proactively works with intersectoral partners and community groups to address broader community needs.

The variety of providers engaged in the delivery of primary health care could include:

- family physicians;
- medical health officers;
- primary care nurses;
- public health nurses;
- nutritionists/dieticians;
- physiotherapists;
- social workers;
- dentists;
- chiropodists;
- chiropractors;
- home care nurses and workers;
- mental health nurses and workers;
- addictions workers;
- psychologists;
- optometrists;
- pharmacists;
- paramedics/emergency medical technicians;
- exercise and fitness specialists.

THE SASKATCHEWAN ACTION PLAN FOR PRIMARY HEALTH CARE

The Saskatchewan Action Plan for Primary Health Care is an integrated system of health services available on a 24 hour 7 day a week basis through Regional Health Authority managed networks and teams of health care providers. Implementation of the plan will be a gradual process. The goal will be to have networks and teams established in all regions with accessibility to 100% of the population by the end of 10 years.

The Saskatchewan Action Plan for Primary Health Care is based on a set of defined characteristics, defined roles for the Government and Regional Health Authorities (RHAs), integrated structures and clear entry points. The overarching principles are those of quality and access.

Defined Characteristics

The plan for primary health care is based on the following characteristics:

- **Serving a defined population** – Each Regional Health Authority will be responsible to provide a core set of primary health care services to a defined population. Within the Region, the Health Authority may wish to create sub-populations based on geography, social conditions or chronic diseases in order to effectively deliver the services.

- **Client choice** – Clients will be able to choose their health care provider and intervention strategies within reasonable parameters.

- **Integration and co-ordination of services** – A comprehensive range of co-ordinated health promotion, prevention, primary curative care, rehabilitative and supportive services will be provided by integrated, interdisciplinary, multi-service networks of providers with care co-ordination for each high-risk client or family. This will involve further development of group medical practices and a continuous client record.

- **Community participation** – The development of partnerships between consumers and providers will facilitate community participation in the planning, delivery and evaluation of the primary health care delivery system.

- **Community development** – This approach involves consumers and providers working together to enhance the community's overall capacity to address issues and needs affecting the health of the community.

- **Defined access and service standards** – Access and service standards will be developed along with accountability mechanisms (outcomes, performance indicators).

- **Effective partnerships with other community organizations** – This ensures that health services are continuous with and complementary to other community services and have capacity to address the social and physical environmental determinants of health.

- **A human resources continuum which:**
  - uses the most effective and economically efficient health service providers;
  - ensures training/education of health service providers consistent with the principles of primary health care;
  - incorporates the appropriate use of and support for self-care, and informal and formal service providers.

- **Non fee-for-service remuneration for physicians.**

Defined Roles

1. The Government will define the core services to be provided in the primary health care system, set standards and establish performance indicators.

2. The RHAs will manage, operate and fund the primary health care system.

3. Each RHA will have the capacity to provide the full range of core primary health care services.

Core Primary Health Care Services Delivered By RHAs Will Include:

- Primary Medical Care;
- Emergency Medical Services;
- Community Mental Health;
- Addictions;
- Public Health (Population Health);
- Supportive Care (i.e. special care homes, respite care, adult day care);
- Home Care;
- End-of-Life Care (Palliative Care);
- Laboratory and x-ray Services;
- Support for informal caregivers; and
- Therapy Services (i.e. physio, occupational, speech and language).

(Note: A more detailed document outlining core primary health care services is under development.)

Integrated Structures

1. Each RHA will develop a network of providers to deliver primary health care services. The network will consist of teams to deliver the service and provide case management to co-ordinate the service.

2. There will be a variety of team structures within each network (RHA).

   - The most common team would consist of a group family physician practice, primary care nurse practitioner, home care, public health nursing, therapies, and mental health. Other team members might belong to more than one team (e.g. dieticians, pharmacy, social work, speech and language pathologists, and psychologists) where a full-time person is not required on the team. A team would be situated at (or around) a central location and could serve a number of communities.

   - A team could consist of personnel that provide a particular program that serves the entire RHA. Examples of teams of this nature would be a diabetic education program or a maternal/child program. These teams would link to the other teams and the network.

- Teams would exist in institutions as well. Much of what happens in a hospital or Emergency Room is considered primary health care. For example, obstetrics is primary health care. Prenatal care and postnatal care should be one continuum, not interrupted by the short stay in hospital at the time of delivery. The management of many medical conditions is done by family physicians or doctors and involves some time in hospital. The hospital and Emergency Rooms teams must be linked with the community team. Further, most of the health care needs that are being met in special care homes are primary health care services. Teams that provide service in special care homes should function on primary health care principles.

3. A network of primary health care teams and other primary health care services provides the opportunity for better case management of complex and/or chronic conditions.

4. The primary health care system provides services to individuals, families, groups and communities. In the majority of cases the client seeks out the service. In some cases, particularly health promotion and health protection activities, the service seeks out the client. For clients seeking service, the entry points must be clear. For providers at the entry points there must be sufficient knowledge to know where to access the services the client requires and the responsibility to initiate case management protocols when required. Most times the entry point is the family physician. In the Saskatchewan Action Plan for Primary Health Care this becomes the primary health care team and the entry point is usually with the family physician or a primary care nurse. The primary health care plan seeks to strengthen the role of providers at other entry points such as home care, mental health or public health. It also integrates emergency medical services and emergency room services so that they become clear and functional entry points.

Quality

The Saskatchewan Action Plan for Primary Health Care will improve the quality of existing services in the following ways:

1. Improve follow-up and treatment for chronic conditions based on accepted practice guidelines;

2. Improve case management for clients with complex needs;

3. Introduce more proactive approaches to reaching high-risk populations;

4. Ensure that care is provided by the professionals who can best meet the needs of the client;

5. Improve screening and monitoring programs to support early detection and intervention; and

6. Ensure health services are continuous with and complementary to other community services.

7. Supporting and enabling self care.

Access

The Saskatchewan Action Plan for Primary Health Care will improve access to primary health care services in the following ways:

1. Establish access standards for primary health care services:
   - team locations within the RHA will be based on standards such as:
     - "95% of communities are within 30 minutes travel time of a primary health care practitioner."
   - establish reasonable wait times for services such as therapies (i.e. speech and language pathologist).

2. Provide access to basic services (physician and/or nurse) 24/7;

3. Establish a 24-hour telephone advice service;

4. Improve co-ordination of referrals to other primary health care services, diagnostic services, and tertiary services; and

5. Improve referrals to primary health care services by hospitals and emergency rooms.

IMPLEMENTATION OF THE SASKATCHEWAN ACTION PLAN FOR PRIMARY HEALTH CARE – THE FIRST FOUR YEARS

The pace at which the plan is implemented will be gradual and may vary from community to community. During the first four years, RHAs will require support to build capacity to implement the changes. Work will need to continue with all stakeholder groups, as to how the plan is best implemented and what it means for individual team members. The initial implementation will need to begin with the organization of front line providers into teams.

By The End Of Four Years There Will Be:

- Defined core services mandated within each RHA;
- defined access standards in place;
- defined performance measures and indicators in place;
- implementation plans in place for each RHA;
- tools and operational supports for RHAs and teams;
- development of information systems, and
- 25% of the population will have access to primary health care teams.

IMPLEMENTATION OF THE SASKATCHEWAN ACTION PLAN FOR PRIMARY HEALTH CARE – FOUR TO TEN YEARS

An evaluation will be undertaken of the first phase of implementation to ensure the goals and objectives of the plan are being reached.

By The End Of Ten Years The Plan Will Be Fully Implemented With:

- a full set of access and outcome standards in place;
- teams and networks accessible to 100% of the population; and
- family physicians paid through an alternate payment method.

REGIONAL HEALTH AUTHORITY PLANS

Submission of Plans

RHAs will be required to submit a plan outlining how they will implement the core elements of the Saskatchewan Action Plan for Primary Health Care. Criteria for RHA primary health care plans are under development. Initially plans should include the following:

- how the RHA's plan meets the overall provincial strategic approach for primary health care;
- general profile of how primary health care is currently organized in the RHA;
- description of how the plan will move from the current system to the future one (i.e. outline strategic approaches that will be implemented to advance change);
- the network of providers and teams;
- evidence that planning is based on needs assessment;
- service delivery strategy for the general population as well as high-risk groups and under-resourced areas;
- challenges to implementing the plan;
- transitional costs required to implement the plan; and
- strategies to build physician, staff and stakeholder support for the plan.

RHAs will submit an annual progress report on the status of implementation identifying key milestones achieved and continued plans to achieve the goals and objectives of the Saskatchewan Action Plan for Primary Health Care.

Funding

Transitional funding will be available to RHAs over four years to move to full implementation of the plan. The following may be considered as transition costs:

- Senior management position within each RHA;
- program development activities (community development, team training, implementation of monitoring and recall programs);

- education costs to upgrade the skills of health providers to meet a specific need of a community (i.e. upgrade RNs to PCNs);
- cost for physicians to integrate within RHA structure (i.e. lease/buy-out); and
- renovations and one-time set-up costs to accommodate networks and teams.

RHA plans should address why the funding is needed and how it will advance regional primary health care plans.

PHYSICIAN PARTICIPATION

The plan involves the voluntary integration of physicians into networks within RHAs to ensure a team-based approach to the delivery of primary health care and ensure a seamless system of care.

The plan favours paying physicians on an alternate form of payment other than a fee for each service, which is presently how the majority of physicians in Saskatchewan are paid. An alternate way of paying physicians best fits the plan as the physicians unique skills are often needed for clients who have more complex health needs and require more time than clients who are sick with the flu or are having their annual check-up. Being on an alternate payment will insure that a physician's income does not suffer because they spend needed time with a client, attend a team meeting or do a presentation to a community group.

RHAs will contract with physicians as part of the team approach to care. RHAs and the Government will work with the Saskatchewan Medical Association on the development of a model contract for physicians, which includes remuneration, service delivery and performance expectations.

TELEPHONE ADVICE LINE

The telephone advice line will provide an assessment and referral service whereby nurses, assisted by specialized software, assess the severity and urgency of a caller's symptoms. Based on the assessment the nurse guides the callers to an appropriate level of care such as an emergency room, physician/clinic or provides information and education so that the caller can take care of himself or herself.

The goals of the service are to:

- improve access to quality health information and assessment;
- reinforce self-care where appropriate;
- guide callers to the most appropriate source of care; and
- decrease the use of costly services such as emergency room visits.

The Department issued a request for proposals to select a vendor to develop, implement and manage the service on May 1, 2002. The public will have access to the service through a toll free number beginning in 2003.

Telephone Advice Line

- Telephone advice lines have been well received by the public with reported user satisfaction generally high at 90%.
- Studies have consistently shown that a telephone advice line has enabled more appropriate utilization of emergency departments by distributing calls: 15%-20% to the emergency department, 25 - 40% to the physician office, and **45 - 60% to self care.**
- In a pilot study completed in New Brunswick, emergency room visits for specific diagnosis such as sprains and strains and cold and flu were reduced 45% and 22% respectively.
- Telephone advice lines save patients' time and money. They help eliminate unnecessary trips to a physician's office or an emergency room and prevent unnecessary ambulance trips.
- Services have also reported that callers have been directed to go to an emergency room and as a result more serious problems have been prevented through seeking the most appropriate care sooner.

BACKGROUND

DEVELOPMENT OF PRIMARY HEALTH SERVICE SITES

In September 1997, Saskatchewan Health launched the Primary Health Services' Initiative to promote the development of primary health service sites on a voluntary basis. The sites were to demonstrate the benefits of a new integrated delivery model for basic health services.

Saskatchewan Health presently supports 21 primary health service sites in the province through the Primary Health Services' Initiative. The sites serve an estimated 80,000 people. Although each is unique in size and complexity, they have in common a primary care nurse practitioner with at minimum, visiting physician services. The sites presently involve 44 physicians and 21 primary care nurse practitioners and many other health professionals.

The initiative focused on the following goals:

- building interdisciplinary teams;
- further integrating district services;
- linking physician services to districts;
- incorporating primary care nurses to work in expanded nursing roles;
- targeting programs and services to high-risk populations;
- focusing on anticipatory and preventive care;
- adopting an intersectoral approach; and
- incorporating new programs and approaches to achieve the desired changes in service delivery thereby leading to improvements in health status.

BENEFITS OF A RE-ORGANIZED PRIMARY HEALTH CARE SYSTEM

Evidence from the experiences of other parts of the world show the following benefits of an efficient and effective primary health care system:

- a multidisciplinary team approach will show improved blood sugars in diabetics;
- hypertension will be better controlled with a more consistent team of primary health care providers available;
- there will be a decrease in deaths from cervical cancer as 90% of deaths are preventable;
- rates of readmission to hospital will be reduced;
- an increased number of women under 20 years of age will receive adequate prenatal care;
- mental health workers as part of a primary health services team will improve access to appropriate mental health services as indicated by reduced waiting times, decreases in the percentage of visits to a psychiatrist and the emergency room, more referrals by primary care provides for mental health consults at their own site and high rates of patient satisfaction;
- a provincial telephone advice line, utilizing trained nurses will:
  - enable more appropriate use of emergency departments, primary health care services and home care and support self-care; and
  - provide callers better access to health information and advice;
- patients will be highly satisfied with the care provided by nurse practitioners; and
- recognizing that almost 22% of Saskatchewan children live in poverty, programs will be in place for these children that will show a dramatic decrease in teenage pregnancy and illicit drug use and increases in education and employment levels as these children reach adolescence and adulthood.

NEXT STEPS

To assist RHAs in the development of their primary health care plans, Saskatchewan Health has put in place a team of primary health care consultants, in addition to other consultant services within the Department. RHAs may wish to discuss potential plans with a consultant who can expand upon the information in this package.

The role of the primary health care team will be to support RHAs to build on the policy framework, facilitate co-operation among partners, assist with program development and design, and help solve problems during development.

If you have questions or wish to discuss the primary health care plan, you may contact a member of the primary health care team at Saskatchewan Health in Regina at (306) 787-0889:

Gill White, A/Executive Director
Fay Schuster, Consultant
Vivian Krakowski, Consultant
Lynn Davis, Consultant
Rick Kilarski, Consultant
Eunice Patterson, Consultant
Marlene Chapellaz, Provincial Diabetes Co-ordinator

QUESTIONS & ANSWERS

Is additional funding available to support implementation of the primary health care plan?

Initially there will be additional costs to reorganize the system. Saskatchewan will invest an additional $18.6M over the next four years. It is anticipated that health system costs will be contained with improved management of disease and increased health prevention efforts to improve the health and well being of Saskatchewan people. The plan for primary health care will contribute to a sustainable health system into the future.

Will Regional Health Authorities (RHAs) be required to submit a written proposal to Saskatchewan Health to receive any additional funding?

RHAs will be required to submit a plan outlining how they will implement the core elements of the provincial primary health care plan.

Transitional funding is available to RHAs over four years to move to full implementation of the plan. The following may be considered as transition costs:

- senior management position within each RHA;
- program development activities (community development, team training, implementation of monitoring and recall programs);
- education costs to upgrade the skills of health providers to meet a specific need of a community (i.e. upgrade RNs to PCNs);
- cost for physicians to integrate within RHA structure (i.e. lease/buy-out); and
- renovations and one-time set-up costs to accommodate networks and teams.

RHA plans should address how the funding will advance regional primary health care plans.

How does the Government plan to staff the new primary health care teams when the province currently has shortages of health professionals?

The development of primary health care teams will mean a better work environment, where providers enjoy the collegial nature of practising as part of the team. Team members will use their time more effectively and have the satisfaction of using the full range of their skills. Program development funding will be available to assist teams in meeting the needs of their at-risk populations. This work environment will help to retain health professionals in Saskatchewan.

Will all teams provide all of the core primary health care services?

Each RHA will have a network of teams. The network will have the capacity to provide and deliver all of the core services. All residents of Saskatchewan will have access to the core services through their local team members. For example, a community may not require a full time speech and language therapist but the core service is provided to the community by the network. Local team members ensure that access to this service is available.

What is the role of the primary care nurse practitioner?

Primary care nurse practitioners can:

- provide health education, teaching and illness prevention services;
- assess and counsel well clients;
- assess, diagnose and treat clients with common illness and clients with stable chronic conditions; and
- play a significant role in co-ordination of client services, monitoring and follow-up, developing programs and assessing individual and community health needs.

The nurse works collaboratively with a physician and other members of the team. The nurse, while working in an expanded clinical role, is not intended to replace the physician but rather to bring his/her own unique skills to the team.

How will physicians become members of primary health care networks and teams and will a physician be able to participate on a primary health care team if they don't go on alternate payment?

The plan involves the voluntary integration of physicians into networks within RHAs to ensure a team-based approach to the delivery of primary health care and ensure a seamless system of care.

The plan favours paying physicians on an alternate form of payment other than a fee for each service, which is presently how the majority of physicians in Saskatchewan are paid. An alternate way of paying physicians best fits the plan as the physicians unique skills are often needed for clients who have more complex health needs and require more time than clients who are sick with the flu or are having their annual check-up.

What if doctors choose not to volunteer to work on these teams?

We are confident that physicians will see the benefits of working as part of a health care team. Surveys have shown that more physicians than ever are interested in alternate payment mechanisms that allow them to fully utilize their advanced skills and provide them with an improved lifestyle. Currently there are 44 physicians working in demonstration primary health care sites and approximately 34 in community clinics.

How will physician contracts/salaries be established? Who will be responsible for negotiating these contracts?

The Government will work with the Saskatchewan Medical Association on the development of a model contract for physicians, which includes remuneration, service delivery and performance expectations. RHAs will contract with individuals or groups of physicians based on the model contract.

Will the new system for primary health care limit a citizen's ability to choose their physician?

Each person will continue to choose their own family doctor, just as they have in the past. What is new is a team approach to providing care. There are many patient needs that can only be met by a physician. However for some routine illness and injuries, a nurse with advanced training could provide the necessary care or the visit to the doctor could be followed up with visits to a nutritionist, pharmacist or mental health counsellor.

Has there been any evaluation completed on the 21 demonstration sites?

Demonstration sites have been in operation for one to three years. The intent is to complete a comprehensive evaluation at the end of five years. Demonstrations sites will reach the five-year mark at various times depending on their start date. A report will be completed with the evaluation findings in 2005.

When will Saskatchewan Residents have access to the Telephone Advice Service?

A request for proposals was issued May 1, 2002 to select an operator for the service.

The plan is to have the service available to Saskatchewan residents in 2003.

What will be the benefits of a telephone advice service?

The service will:

- improve access to quality health information and assessment;
- reinforce self-care where appropriate;
- guide callers to the most appropriate source of care; and
- decrease the use of costly services such as emergency room visits.

This service complements and enhances primary health care and will facilitate better access to health information for residents in rural and remote areas of Saskatchewan.

How will the plan for primary health care be better for Saskatchewan residents?

The People Of Saskatchewan Will Benefit From A System That:

- improves access to comprehensive primary health care services including illness and injury prevention and health promotion;
- improves co-ordination and integration of primary health care services with other levels of care;
- provides 24-hours a day, 7 days a week availability of information, advice, care and co-ordination of care through extended hours and telephone advice service;
- provides care by the professionals who can best meet their health care needs;
- provides ongoing, consistent access to a primary health care provider of choice;
- recognizes that social, cultural and economic factors are central to health;
- measures and rewards quality and continuity of care; and
- provides improved co-ordination of care through a secure, centralized health care record for each consumer.

Providers Should Benefit From:

- greater recognition for taking responsibility and providing quality of care;
- improved professional environment that supports clinical practice, ensures greater predictability of practice, and allows for lifestyle needs;
- more efficient use of time which may lead to greater job satisfaction as professional goals are achieved;
- collegiality when working as part of a team; and
- access to information technology to support primary health care practice.

Government Should Benefit From:

- improved management of costs;
- mechanisms to better assure access to care for the entire population;
- accountability measures linked to health outcomes; and
- greater co-ordination of all levels of health care, leading to more effective use of health care resources (e.g. better management of the front end of the system, less duplication and fragmentation of services and more appropriate use of services).

The element of the change which is less visible to the general public as a whole, but which is more significant than the structural change, is the impact that working together in a more integrated manner can have on the overall health of the population.